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Twin pregnancy reduction is not an 'all or nothing' problem: a response to Räsänen

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ABSTRACT

In his paper, 'Twin pregnancy, fetal reduction and the 'all or nothing' problem', Räsänen sets out to apply Horton's 'all or nothing' problem to the ethics of multifetal pregnancy reduction from a twin to a singleton pregnancy (2-to-1 MFPR). Horton's problem involves the following scenario: imagine that two children are about to be crushed by a collapsing building. An observer would have three options: do nothing, save one child by allowing their arms to be crushed, or save both by allowing their arms to be crushed. Horton offers two intuitively plausible claims: (1) it is morally permissible not to save either child, and (2) it is morally impermissible to save only one of the children, which taken together lead to the problematic conclusion that (3) if an observer does not save both children, then it is better to save neither than save only one. Räsänen applies this problem to the case of 2-to-1 MFPR, arguing ultimately that, in cases where there is no medical reason to reduce, the woman ought to bring both fetuses to term. We will argue that Räsänen does not provide adequate support for the claim, crucial to his argument, that aborting only one of the fetuses in a twin pregnancy is wrong, so the 'all or nothing' problem does not arise in this context. Furthermore, we argue that the scenario Räsänen presents is highly unrealistic because of the clinical realities of 2-to-1 MFPR, making his argument of limited use for real-life decision making in this area.

INTRODUCTION

The 'all or nothing' problem involves two (supposedly) intuitively plausible claims which, taken together, lead to a counterintuitive conclusion. In the original case presented by Horton,[1] two children are about to be crushed by a collapsing building. A person faced with this situation has three options: to do nothing, save one child by allowing their arms to be crushed, or save both by allowing their arms to be crushed. Horton offers what he considers to be two plausible claims: (1) it is morally permissible not to save either child and (2) it is morally wrong to save only one child. Both claims taken together lead to the problematic conclusion that (3) if one will not save both children, then it is better to save neither than save only one of them.

Applying this to the case of reducing a twin pregnancy to a singleton,¹ Räsänen suggests that we have two plausible claims: (1) abortion is morally permissible and (2) it is morally wrong to abort only one fetus in a twin pregnancy for ‘social’ reasons (unrelated to either fetal health or that of the pregnant person). Taken together, they lead to a counterintuitive conclusion: that it is morally preferable for a pregnant woman considering 2-to-1 MFPR for ‘social’ reasons to abort both fetuses rather than just one.[3] Räsänen considers whether this counterintuitive conclusion can be avoided by rejecting either of the premises, ultimately concluding that the problem remains, and that therefore the morally best thing to do in such a case might be to keep both fetuses and give one child up for adoption after birth. In this paper we show that there are good reasons, both theoretical and empirical, that the premises Räsänen presents are not plausible, and therefore the all-or-nothing problem does not actually occur in this context.

CONCEPTUAL ISSUES

Premise (1) is defended on the grounds that it would be too demanding to expect a woman to keep both fetuses, as she is not morally obliged to allow them to use her body – it would be too great a sacrifice to expect of anyone. Another way to interpret this defence would be the following: not allowing the woman to abort would incur unreasonable burdens on her, so abortion is permissible. This argument fails to encompass the plurality of reasons for the permissibility of abortion, such as it being a matter of personal autonomy, not only with regard to the use of one’s body but also their overall life plans.[4,5] This omission is significant because it affects the framing of the rest of the argument significantly.

If abortion is permissible because remaining pregnant against one’s will incurs an undue burden on the pregnant person, it seems that the only way for 2-to-1 MFPR to be permissible is if keeping both fetuses would incur a similarly large burden. Given, however, that it is an explicit assumption of the argument that this is not the case, can we then conclude that 2-to-1 MFPR is not permissible? The answer is obviously ‘no’, because there are other reasons for the permissibility of reduction. In general, not doing X can be permissible for reasons which have nothing to do with how burdensome doing X would be. As a matter of fact, this is how premise (1) is usually defended. Thus, when Räsänen considers rejecting premise (2) by invoking the argument that “a woman has a right to decide what happens in and to her body”, and claiming this is not a successful argument against (2),

¹ In the rest of the text we will refer to this procedure as 2-to-1 MFPR (multifetal pregnancy reduction). We are grateful to an anonymous reviewer for suggesting this terminology. See also [2].

he again relies on an overly narrow interpretation of the right to abortion, which is in some sense already negated by premise (2). In the particular context of MFPR, Dahl et al. have highlighted the importance of women's right to self-determination, as well as moral condemnation of MFPR for non-health related reasons being inconsistent with general acceptance of a right to abortion.[6] It seems to us that this troublesome implication was not given sufficient attention in Räsänen's discussion (this is also reflected by use of the language of 'killing' fetuses when talking about abortion, as we will further argue below).

Räsänen offers some more reasons in favour of (2), but these are also unconvincing. He mentions sex-selective² MFPR as an instance of 2-to-1 MFPR which could be considered morally troubling. However, this does not show why 'killing only one of the fetuses is wrong': rather, it suggests that aborting a fetus solely because of its sex is wrong, which is then applied to the case under discussion. It is not clear why this would be a reason specifically in favour of premise (2), as it depends on the broader debate about the ethical permissibility of sex selection, which would then apply to any abortion, not just those in multifetal pregnancies. Räsänen also modifies Thomson's famous violinist case [7] to argue that, if a person decides to stay attached to the violinist to save his life, and another violinist is added, "whom you could save at a marginal extra cost, then, it seems, you have an obligation to save the other one as well." [3] Neither of these arguments, however, provide independent justification for premise (2), since (as we have shown) they are based on an overly narrow understanding of the right to abortion, as well as the empirically inaccurate assumption that the burden of gestating twins is no greater than a singleton pregnancy. Räsänen concludes that, as the argument from bodily autonomy is (allegedly) not convincing, the only way out of the problem is to reject the assumption that the sacrifice involved in gestating two fetuses is not much greater than in gestating one. The next section demonstrates this assumption is not supported by the empirical data, and we can therefore reject premise (2) even if we accept Räsänen's argumentation up to this point.

CLINICAL REALITIES

First, we have not found sufficient evidence that the decision to opt for reducing a twin pregnancy for 'social' reasons is commonplace. Räsänen bases the claim that this is a pressing practical issue by reference to a *New York Times* article,[8] which however only tells the (compelling) story of a single

² Räsänen's argument here refers to what is usually called sex selection for 'social' reasons, such as preference for a child of a particular sex, and not based on a medical reason such as the likelihood of sex-based heritable illness, for example.

case of 2-to-1 MFPR. It also only references one data set about MFPR (from 1997) which suggests that of those reductions that take place, twin to singleton is a small minority of cases. Moreover, Räsänen observes that 2-to-1 MFPR may be undertaken because it is usual practice in IVF treatment 'to transfer two or more embryos to achieve pregnancy but it also results in a high increase of multiple pregnancies.' [3] However, single embryo transfer (eSET) is becoming increasingly common. For instance, in the UK it is actively endorsed by the Human Fertilisation and Embryology Authority, [9-10] which has steadily led to a reduction in multiple births after fertility treatment. [11] There is no reason to suppose that 2-to-1 MFPR is an increasingly common occurrence.

Even if it were common, however, in neglecting other important features of the procedure and risks associated with twin pregnancies, Räsänen's article fails to appreciate the clinical realities of twin pregnancies and the reasons to opt for reduction to a singleton. Firstly, he does not distinguish between the three different types of twins that can occur: dichorionic twins (DCDA) with two placentas and two amniotic sacs, monochorionic twins (MCDA) sharing one placenta and having two amniotic sacs, and mono-amniotic (MCMA) twins sharing both the placenta and the amniotic sacs. There are important to distinguish because the risks associated with the pregnancy, and with MFPR, differ depending on the type of twin pregnancy. We will assume Räsänen's argument refers to DCDA twins as the risks involved for MCDA and MCMA are very significant and specialised. Even though 2-to-1 MFPR for DCDA pregnancies is nowadays considered to be an acceptable procedure with positive outcomes on balance [12-13], the decision to reduce is rarely one that a pregnant person takes lightly – since they are reducing in order to continue their pregnancy in some form. Seldom do individuals make decisions about reduction for no reason, as implied, because of the risk of losing the entire pregnancy.

Furthermore, we must dispute Räsänen's implication that carrying a twin pregnancy is not much more burdensome than a singleton. Twin pregnancy poses *significant* risks to pregnant people, including a much higher risk of preterm birth (and thus greater risks to the person's life and the life of the fetus once born) [14] and of obstetric intervention in delivery. [15] There is also well-known research concluding, based on a World Health Organization Multicountry Survey, that twin pregnancies come with increased maternal risk on morbidity and mortality. [16]

SUBJECTIVE DECISION-MAKING

We have demonstrated that the ethical ‘problem’ with MFPR which Räsänen wishes to address simply does not arise in practice, nor in theory. Moreover, his argument also disregards the subjective experiences of pregnant people, as it reduces the question of whether carrying a twin pregnancy is different to gestating just one foetus to simply determining whether “twin pregnancies are significantly riskier than a singleton.”[3] The fact that his assessment focuses solely on medical risk is an additional limitation. Such an argument does not encompass the subjective and embodied experience of the *person* carrying the pregnancy, which is important to acknowledge to ensure we pay due attention to ‘the material body and its relationship to environments and experiences’.[17]

Räsänen’s discussion makes no space for consideration of how an individual carrying a pregnancy might *feel* about themselves and their body, and the physical realities of being ‘occupied’ like one is in pregnancy. Little writes that, ‘to be pregnant... is to be in a state of physical intimacy of a particularly thorough-going nature... whatever medical risks one faces or avoids, the brute fact remains that the fetus shifts and alters the very boundaries of the woman’s self...’[18] While Räsänen refers to her work,[1] he does so in a way that fails to fully appreciate its substance: namely, recognising that gestation is an intimacy that takes a (not merely physical) toll on the person who sustains it. Recognising that a person must be enabled to opt out of such an intimate experience is not only a matter of law (which he acknowledges), but also a moral matter: ‘to mandate that the woman remain pregnant is to mandate that they remain in a state of physical intertwinement against her consent’;[18] equally, forcing her to gestate two foetuses on the grounds that it is ‘no more burdensome’ than gestating one is also to force her into altering her physicality in a way she does not accept. It is important that ethics – which seeks to make determinations about what is right or wrong in a given situation – listens to and incorporates the subjective experiences of those who undertake gestation. No experience of pregnancy is the same. For example, an older pregnant person who already faces higher risks in pregnancy might feel *even more* concerned about the additional risk of twins. Equally, those who have before had a twin pregnancy or pregnancy that resulted in preterm birth may have different perceptions of the risks involved. Therefore, it is essential that persons are enabled to make their own decision about a twin pregnancy and its potential reduction, based on an individualised risk calculation and their subjective preferences, after consultation with a specialist. Choices about MFPR are always made with careful consideration (and based on the person’s values) because of the associated risks.

CONCLUSION

Räsänen refers to social reasons for 2-to-1 MFPR in an almost dismissive fashion, which is often the case with what are framed as ‘social’ or ‘elective’ reasons for any abortion.[19] The *New York Times* article Räsänen relied on tells the story of a woman who underwent reduction for reasons that might be labelled ‘social,’ and it is hard not to feel compassion for them. The account is illustrative of how these decisions go to the heart of a person’s sense of self and their perception of their future: *“She felt that twins would soak up everything she had to give, leaving nothing for her older children. Even the twins would be robbed, because, at best, she could give each only half of her attention and, she feared, half of her love.”*[8] Writing inaccurately about the empirical realities of MFPR – its prevalence, the reason for the choice, and the nature of this decision – contributes to the perpetuation of stigma around the decision. We should listen carefully to those who choose MFPR in order to identify the actually relevant moral problems (if any), and how these should be addressed.

A final important point to make is that, despite initially formulating the problem as being about *abortion* (“in the case of a twin pregnancy, there are two intuitively plausible claims: (1) abortion is morally permissible, and (2) it is morally wrong to abort just one of the fetuses”[3]) Räsänen goes on to mostly talk about ‘killing’ a fetus rather than having an abortion. This choice is problematic both as an argumentative and rhetorical move. By equivocating between ‘abortion’ and ‘killing a fetus’, Räsänen seems to presume that abortion is a kind of killing in need of justification, which is controversial. Furthermore, the language of killing has strong emotional undertones which may skew the discussion in a certain direction, implying that abortion is somehow morally equivalent to killing a fully formed, born-alive human. We also believe it to be clinically inappropriate – in that for doctors working in prenatal care, to use this sort of language to discuss potential procedures with patients would be very problematic. For the sake of the argument and due to space constraints, we have not engaged with this issue in detail; but as authors with both professional and personal commitments to the right to accessible and safe abortions and prenatal care, we must note our disappointment that this problematic framing still persists unchallenged in ethical discussion.

STATEMENTS

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